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Assessment Of Breast Cancer Early Detection Program's Activities In Primary Health Care Centers In Baghdad City.

تقييم فعاليات برنامج الكشف المبكر عن سرطان الثدي في مراكز الرعاية الصحية الأولية في مدينة بغداد

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الخلاصة:

الهدف: لتقييم برنامج الكشف المبكر عن سرطان الثدي من خلال تقييم هيكله التنظيمي عملية(أي الفعاليات التي يؤديها الملاك الصحي) والنتيجة.

المنهجية: أجريت دراسة وصفية عن تقييم برنامج الكشف المبكر عن سرطان الثدي للفترة من 15 نيسان – 31 أيـــار 2012. و قد أختيرت عينة عشوائية (بسيطة) كان قوامها (220) ونتيجة لاختلاف الديموغرافية للعينة المدروسة و تنوعها فقد كانت الحاجة لعمل ثلاث استبيانات موزعة بالشكل التالي: الإستبانة الأولى لدراسة هيكلية الإدارة و البناية التي تقدم فيها خدمات الفحوصات المبكرة عن سرطان الثدي للمستفيدات؛ و قد شملت مركزيين صحيين من كل قطاع للرعاية الصحية الأولية في مدينة بغداد وبلغ مجموع هذهِ العينة (20) مركز للرعاية الصحية الأولية. أما الإستبانة الثانية فكانت لدراسة خدمات الفعاليات التي يؤديها الملاك الصحي في مجال هذا البرنامج من قبل وحداتهم وكان الإجابة عنها من قبل مسئولي هذا البرنامج في مراكز الرعاية الصحية الأولية. أما الإستبانة الثالثة كانت لدراسة شريحة المستفيدات من خدمات برنامج الكشف المبكر عن سرطان الثدي وقد شملت دراسة الصفات الديموغرافية و الاجتماعية لهن و مراجعاتهن لمركز الرعاية الصحية الأولية و مدى الرضا و القبول و مشاركاتهن في نشاطات المركز الصحي و حضور ندوات التوعية و التثقيف الصحي وبلغ مجموع هذهِ العينة (200) من المستفيدات من الرعاية. ، و أنجزت عملية تحليل البيانات من خلال استخدام طرائق أسلوب التحليل الإحصائي الوصفي (التكراري، والنسب المئوية)والوسط الحسابي و الانحراف المعياري والتحليل الإستنتاجي (مربع كاي، نسبة الاكتفاء المئوية).

النتائج: وقد أشارت نتائج الدراسة ؛ بأن مستوى إخفاق بمعدل(36,84%) في برنامج الكشف المبكر لسرطان الثدي، وكذلك شهدت بعض القيود في تنفيذها والتي تشمل هيكلية البرنامج، وأيضا نقص في الطاقم التمريضي، و سلسلة الإجراءات المتعلقة بالتسجيل من قبل العاملين في المجال الصحي والتوثيق للمعلومات الخاصة بالمفحوصات من قبل البرنامج، لكن فيما يخص رضا المستفيدات من خدمات البرنامج فلقد كانت النتائج عالية الرضا، وإن معظم المستفيدات كانوا بين المعرضات للإصابة واللاتي أكملن العلاج واللآتي لازلن يحتجن للعلاج.

الإستنتاجات: تقييم البرنامج العام يدل على أن البرنامج لديه القدرة على تحقيق أقل من ثلثي أدائهِ المتوقع.

التوصيات: أهم التوصيات في هذه الدراسة ؛ يمكن أن تُساعد في الحفاظ على قدرتها في تحديد عملية تركيب البرنامج والمحصلة النهائية لهُ، ويمكن توجيه اهتمام خاص في تحديد أداء البرنامج، و كذلك يمكن وضع معايير جديدة للاستفادة من برنامج التقييم على أساس منتظم، و أخيراً نحتاج إلى إجراء المزيد من البحوث على نطاق وطني واسع لتقييم البرامج وتقييمها

Abstract:

Objective: To assess early detection program for breast cancer by evaluating the structure of the regulatory process (any activities performed by health personnel) and the outcome.

Methodology: descriptive study was conducted for the period from April 15 - May 31/2012. And such a study has selected a random sample (simple) which its frame was (220) and as a result of the different demographics of the sample studied, and their diversity which has the need for the work of three questionnaires distributed as follows: first questionnaire is to study the structure of management and the building that provide the service for tests of early breast cancer to the beneficiaries; and which may include two health central sector of all primary health care in the city of Baghdad and the total count for this sample is (20) centers for primary health care. The second questionnaire is to examine the services, activities performed by health personnel in the field of this program by their limits and were reviewed by officials of this program in primary health care centers. The third questionnaire is to study the segment benefited from the services of the program of early detection of breast cancer which has included the study of the qualities of demographic and social services for them; their review to their acceptance and their participation in the activities of the health center, beside that attending the awareness seminars and health education on the total of such sample (200) of the beneficiaries of care. The data analyzed by using of SPSS and performed the data analysis process through the use of statistical methods of descriptive analysis method (Recurring, and percentages) and the arithmetic mean and standard deviation and deductive analysis (Chi square, sufficiency ratio percentage.

Result: The early detection program for breast cancer has experienced some limitations in its implementation that include the process which is concerned with registration by health personnel and the documentation, The program's outcome indicates that beneficiaries are satisfied with health services, the program is high efficiency, and most of the beneficiaries is ranging between newly diagnosed and those who have completed the treatment and moving toward recovery,

Conclusion: The program overall assessment shows that the program has a capacity to achieve less than two third of its anticipated performance.

Recommendations: The follow up for the implementation of the vocabulary of the program by the Ministry of Health officials about the program at the health centers to address the inadequacy in the implementation.

Keywords: Breast Cancer; Early Detection Program's Activities, Primary Health Centers.

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Journal of Kufa for Nursing Science Vol. (3) No.(2) 2013

INTRODUCTION:

Breast cancer affects one in eight women during their lives. It kills more women than any cancer except lung cancer. No one knows why some women get breast cancer, but there are a number of risk factors [1]. It will remain a major cause of worldwide cancer deaths in the 21st century. Cancer is an important factor in the global burden of disease. The estimated number of new cases each year is expected to rise from 10 million in 2002 to 15 million by 2020, with 60% of those cases occurring in developing countries. Breast cancer is the most common cancer in women in the Eastern Mediterranean Region and the leading cause of cancer mortality worldwide. There is geographic variation, with the standardized age incidence rate being lower in developing than industrialized countries. Although the etiology of breast cancer is unknown, numerous risk factors may influence the development of this disease including genetic, hormonal, available, require that it should continue to be a focus of attention for public health authorities and policy-makers. The costs and benefits of fighting breast cancer, including the positive impact that early detection and screening can have, need to be carefully weighed against other competing health needs [3]. And another oddity of cancer and not the latter is injured girls breast cancer, which is known for it affects women between the ages of 40-80 years of age of women but strange that this disease afflicting girls at the age of eleven or twelve or thirteen years of age and this means this disease has become more lethal and aggressive and resistant to immunity physical enjoyed by rights at an early age and resistance to these diseases, especially since this disease that attack on his victims at the age unknown became today attacked and successfully animate the early ages of age (10-40)

cancers before they start to cause symptoms. Screening refers to tests and exams used to find a disease, such as cancer, in people who do not have any symptoms. Early detection is an approach that lets breast cancer get diagnosed earlier than otherwise might have occurred. Breast cancers that are found because they are causing symptoms tend to be larger and are more likely to have already spread beyond the breast. In contrast, breast cancers found during screening exams are more likely to be smaller and still confined to the breast. The size of a breast cancer and how far it has spread are some of the most important factors in predicting the prognosis of a woman with this disease. [6]. Although incidence, mortality, and survival rates vary fourfold in the world's regions, in the world as a whole, the incidence of breast cancer is increasing, and in regions without early detection programs, mortality is also increasing. The growing burden of breast cancer in low-resource countries demands adaptive strategies that can improve on the too common pattern of disease presentation at a stage when prognosis is very poor. In January 2005, the Breast Health Global Initiative (BHGI) held its second summit in Bethesda, Maryland, USA. The Early Detection and Access to Care Panel reaffirmed the core principle that a requirement at all resource levels is that women should be supported in seeking care and should have access to appropriate, affordable diagnostic tests and treatment. In terms of earlier diagnosis, the panel recommended that primary health care services to measure breast health awareness should be promoted to all women. Enhancements to basic facilities might include the following, in order of resources: effective training of relevant staff in clinical breast examination (CBE) both for symptomatic and asymptomatic women; opportunistic screening with CBE: demonstration projects or trials of organized screening using CBE or breast self-examination; and finally, feasibility studies of mammographic screening. Ideally, for complete evaluation, such projects require notification of deaths among breast cancer cases and staging of diagnosed tumors [7].

OBJECTIVE:

To assess early detection program for breast cancer by evaluating the structure of the regulatory process (any activities performed by health personnel) and the outcome .

METHODOLOGY:

A descriptive study is conducted on (20) main primary health care centers in Baghdad city. The study aims at assessing the implementation of the Early Detection Program of Breast Cancer in primary health care centers, for the period from December 1st 2011 to July 3rd 2012. The study is carried out at the breast cancer early detection units in the primary health care centers of Baghdad City, as being divided into (2) sectors; AL-Karkh and Al- Rusafa health sector Directorate. A total of (20) main primary health care centers are selected from (10) health sectors in Baghdad City for the purpose of the study. A simple random sample of (220) subject; it is selected throughout the use of probability sampling approach. The sample of study is divided into three categories which include: 1. Early detection units for breast cancer in (20) Primary Health Centers to assess their orgnizational structure which are covered by (15) items from the study tool (questionnaires). 2. Essential services that are provided by their units, which are covered by (45) items from the questionnaires. 3. A sample of (200) beneficiary woman to assess their satisfaction with essential primary health care services of the breast cancer early detection program at the time of the study which are presented by (22) item in the questionnaires.

Instrument: Through an extensive review of relevant literature, questionnaires are constructed by the researcher depending on standards, which are designed by Ministry of Health with the technical support from World Health Organization, for the purpose of the study to the essential primary health care services to measure the underlying concepts in the present study. The instruments comprised four questionnaires and overall items included in these questionnaires are (100) item.

Data Collection: Data are collected through the utilization of the developed questionnaires and the interview technique as data collection methods

Journal of Kufa for Nursing Science Vol. (3) No.(2) 2013

and keeping records of all available contacts that facilitate the access to the study sample. Interviews are conducted with the directors of the main primary health care centers. Each interview takes approximately (10) minutes. The data collection is carried out from April 15 – May 31/2012.

Statistical Analysis: Data are analyzed through the use of SPSS (Statistical Process for Social Sciences) version 10.0 application Statistical analysis system and Excel application. The following statistical data analysis approaches were used in order to analyze and assess the results of the study: Descriptive Data Analysis and Inferential data analysis:

RESULTS:

Table 1. Distributions of the (Morbid / Non Morbid) individuals according to the studied demographical characteristics variables with comparisons significant

Demographical Characteristic Variables	Groups	Freq.'s and Percents	Groups		Total	C.S. P-value
			Non Morbid	Morbid		
Age Groups	< 20	Freq.	10	4	14	χ^2= 3.927 P=0.416 NS
		% Age Groups	71.4%	28.6%	100%	
	20 _ 29	Freq.	45	27	72	
		% Age Groups	62.5%	37.5%	100%	
	30 _ 39	Freq.	36	20	56	
		% Age Groups	64.3%	35.7%	100%	
	40 _ 49	Freq.	16	16	32	
		% Age Groups	50%	50%	100%	
	50 ≥	Freq.	19	7	26	
		% Age Groups	73.1%	26.9%	100%	
Occupation	Employee	Freq.	11	9	20	χ^2= 5.273 P=0.260 NS
		% Occupation	55%	45%	100%	
	Retired	Freq.	1	1	2	
		% Occupation	50%	50%	100%	
	Housewife	Freq.	113	60	173	
		% Occupation	65.3%	34.7%	100%	
	Free Business	Freq.	0	1	1	
		% Occupation	0.0%	100%	100%	
	Student	Freq.	1	3	4	
		% Occupation	25%	75%	100%	
Marital status	Married	Freq.	94	55	149	χ^2= 1.337 P=0.720 NS
		% Marital status	63.1%	36.9%	100%	
	Single	Freq.	22	10	32	
		% Marital status	68.8%	31.3%	100%	
	Divorced	Freq.	1	1	2	
		% Marital status	50%	50%	100%	
	Widowed	Freq.	9	8	17	
		% Marital status	52.9%	47.1%	100%	
Level of living	Good	Freq.	5	3	8	χ^2= 2.489 P=0.288 NS
		% Level of living	62.5%	37.5%	100%	
	Medium	Freq.	108	68	176	
		% Level of living	61.4%	38.6%	100%	
	Poor	Freq.	13	3	16	
		% Level of living	81.3%	18.8%	100%	
Level of Education	Illiterate	Freq.	11	5	16	χ^2= 3.406 P=0.845 NS
		% Level of Education	68.8%	31.3%	100%	
	Read and writes	Freq.	13	7	20	
		% Level of Education	65%	35%	100%	
	Primary	Freq.	49	27	76	
		% Level of Education	64.5%	35.5%	100%	
	Intermediate	Freq.	24	12	36	
		% Level of Education	66.7%	33.3%	100%	
	Preparatory	Freq.	14	9	23	
		% Level of Education	60.9%	39.1%	100%	
	Diploma	Freq.	4	3	7	
		% Level of Education	57.1%	42.9%	100%	
	Bachelor	Freq.	10	11	21	
		% Level of Education	47.6%	52.4%	100%	
	Master	Freq.	1	0	1	
		% Level of Education	100%	0.0%	100%	
Residence	Center	Freq.	114	74	188	F.E.P.T. P=0.003 HS
		% Residence	60.6%	39.4%	100%	
	Rural	Freq.	12	0	12	
		% Residence	100%	0.0%	100%	

Journal of Kufa for Nursing Science Vol. (3) No.(2) 2013

Table 2. Assessment of the Main Domains of the Breast Cancer Early Detection Activities

Main Domains for Practices activities performed by health personnel	No.	Minimum	Maximum	Mean	Standard Deviation	P.R.S. (%)	Assessment
Registration by health personnel	20	1.670	1.830	1.700	0.068	30.00	Failure
Steps of the clinical examination of the breast	20	1.450	1.450	1.450	0.000	55.00	Pass
Health Education	20	1.500	1.500	1.500	0.000	75.00	Pass
Epidemiological monitoring	20	1.400	1.400	1.400	0.000	60.00	Pass
Follow-up	20	1.000	1.000	1.000	0.000	100.0	Pass
Overall Assessment of the Program's Process	20	1.360	1.420	1.384	0.011	58.00	Pass

P.R.S. (%): Percentile Relative Sufficiency

This table shows the distribution of the beneficiary's women numbers (Morbid / non Morbid) with the breast cancer according to the their demographical characteristics variables with comparisons significant, the results shows that a non significant relationship at P>0.05 between the distribution of the demographical characteristics variables and the morbidity status distribution with breast cancer disease, except of residency factor which reported a highly significant different at P<0.01 with a non Morbid women has registered at rural area.

This table, results showed that this event: according "Registration: The registration is done by" the responding of the study sample are within the "Failure" assessment and accounted for (50%) of the sample, Regarding to the "Steps of the clinical examination of the breast ", the responding of the study sample are within the "Pass" assessment and accounted for (55%) of the sample, With respect to the "Health Education ", the responding of the study sample are within the "Pass" assessment and accounted for (75%) of the sample, Regarding to the "Epidemiological monitoring ", the responding of the study sample are within the "Pass" assessment and accounted for (60%) of the sample, Regarding to the "Follow-up ", the responding of the study sample are within the "Pass" assessment and accounted for (100%) of the sample, finally, with respect to the

Table 3. Assessment of the process's components for the Breast Cancer Early Detection

No.	Process: Activities performed by health personnel Activities of Health Personnel	No.	M.S.	S.D.	R.S. %	Resp.	Ass.
1	Registration: The registration is done by :						
1-1	Doctor (Female)	20	1.00	0.00	50	Yes	33.3
1-2	Doctor (Male)	20	1.00	0.00	50	Yes	
1-3	Nursing staff	20	2.00	0.00	100	No	
1-4	The existence of a special register for each beneficiary	20	2.00	0.00	100	No	
1-5	Document the private information in the Register of Beneficiaries	20	2.00	0.00	100	No	
1-6	A computer for the purpose of document information records of beneficiaries (in a sequence for review)	20	2.00	0.00	100	No	
2	Steps of the clinical examination of the breast						
2-1	The test is in a private room	20	1.00	0.00	50	Yes	58.3
2-2	Examination is performed by(physician male - female)	20	1.00	0.00	50	Yes	
2-3	In the case of existing a doctor, this will be prevented the customer from making examination	20	1.00	0.00	50	Yes	
2-4	Examination is performed by the nurse	20	2.00	0.00	100	No	
2-5	Clinical examination is made through insight	20	1.00	0.00	50	Yes	
2-6	The clinical examination is made through palpation of the breast, auxiliary, and lymph nodes	20	1.00	0.00	50	Yes	
2-7	Measuring Pulse	20	2.00	0.00	100	No	
2-8	Measuring the pressure	20	2.00	0.00	100	No	
2-9	Measure the height	20	2.00	0.00	100	No	
2-10	Measuring the weight	20	2.00	0.00	100	No	
2-11	The test is done in a sitting position	20	1.00	0.00	50	Yes	
2-12	The test is done in lying down position (recumbent position)	20	1.00	0.00	50	Yes	
3	Health Education						
3-1	Getting healthy education services during the visit to the healthy center for examination of the early breast cancer by a means of illustrations as in the following form						
3-1-1	Lecturing (extent of benefit of educational lecture)	20	1.00	0.00	50	Yes	66.7
3-1-2	videos (documentary movies about steps of testing and others ...)	20	2.00	0.00	100	No	
3-1-3	distributing the guidance of booklet about breast health, including (self examination, clinical examination, radiographic examination, a healthy diet, and the use of sport)	20	1.00	0.00	50	Yes	
3-1-4	Submitting of posters that emphasize the procedure periodic examinations of the breast	20	1.00	0.00	50	Yes	
3-1-5	Means advertising through the use of your TV (Disc's, DVD, CD)	20	2.00	0.00	100	No	
3-2	Presenting of health guidance by a service giver (doctor / nurse) about the importance of exclusive of the breastfeeding in the prevention of disease	20	1.00	0.00	50	Yes	
3-3	The aware implementation for community campaigns for early detection of breast cancer and the dangers of breast cancer	20	1.00	0.00	50	Yes	
3-4	Health lectures conducted by (one) of the health center	20	2.00	0.00	100	No	
3-5	The presence of bar (subtitle) about health education on breast cancer at the health center	20	1.00	0.00	50	Yes	
3-6	Held a Symposium to teach the beneficiaries of the steps of breast screening for early detection; every week	20	1.00	0.00	50	Yes	
4	Epidemiological monitoring	No.	M.S.	S.D.	R.S. %	Resp.	Ass.
4-1	Organizing			00	0.00	50	Yes	60.0
4-2	Follow-up of risk			00	0.00	50	Yes	
4-3	Follow-up of the			00	0.00	100	No	
4-4	Visiting the organize for the monito			00	0.00	100	No	
4-5	Procedures of surve			00	0.00	50	Yes	
5								
5-1	Question for conduc			00	0.00	50	Yes	100.0
5-2	Follow-up the clin			00	0.00	50	Yes	
5-3	Follow-up re-annual			00	0.00	50	Yes	
5-4	Follow			00	0.00	50	Yes	
5-5	Follow-up the radio			00	0.00	50	Yes	

The weighted mean of s… cond process = 63.16%

Significance: The Presence and Absence of Registration by Health Personnel in the Breast Cancer Early Detection program in PHC

Fig. (2): The Mean of Sum, Adequate, Relative Sufficiency, Resp.: Responding, Ass.: Assessment

This figure: Concerning the domain of registration by health personnel, only (33.3%) of its component has experienced adequate performance. Components that do not meet the requirement of the assessment include nursing staff, the existence of the a special register for each beneficiary documentation of the private information in the register of the beneficiary and a computer for the purpose of information documentation of the

Journal of Kufa for Nursing Science Vol. (3) No.(2) 2013

This results showed that this event, according Registration: The registration is done by" and accounted for (33.3%) of the sample, regarding to" Steps of the clinical examination of the breast" and accounted for (58.3%) of the sample, with respect to" Health Education" and accounted for (66.7%) of the sample, regarding to" Epidemiological monitoring" and accounted for (60%) of the sample, finally, with respect to" Follow-up" and accounted for (100%) of the sample

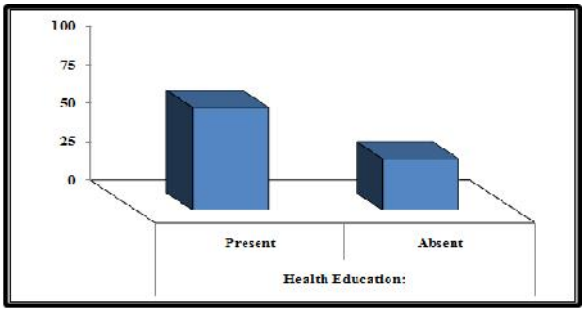

Figure 4: The Presence and Absence of Health Education Process in early Detection for breast cancer

This figure: Bar chart for the presence and absence of the health education assessment for the system of the early screening unit for breast cancer, represented graphically the present (success) and absent (shortage) of the applicable program due to the respondents consideration, and accounted for (66.67%) of the sample.

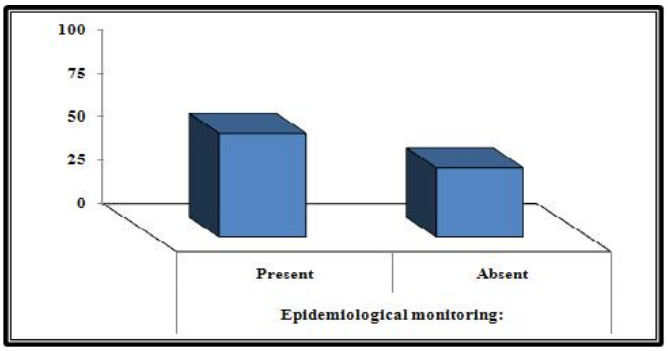

Figure5: The Presence and Absence of Epidemiological Monitoring for Breast Cancer in the Early Detection

Journal of Kufa for Nursing Science Vol. (3) No.(2) 2013

This figure: Bar chart for the presence and absence of the epidemiological monitoring assessment for the ancer, represented graphically the pre le program due to the respondents co

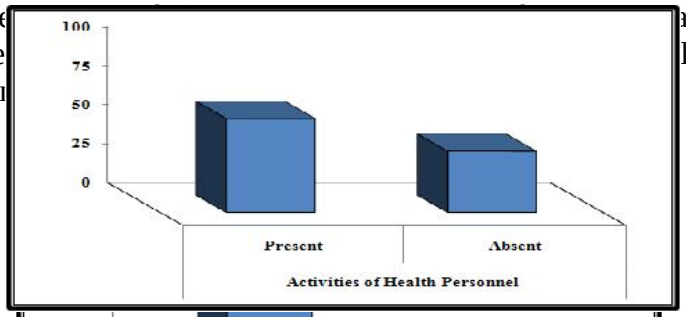

Figure 7: The Presence and Absence of the Whole Process Components for the Breast Cancer Early Detection Program

This figure: Bar chart for the presence and absence of the activities of health personnel assessment for the system of the early screening unit for breast cancer, represented graphically the present (success) and absent (shortage) of the applicable program due to the respondents consideration, and accounted for (58%) of the sample.

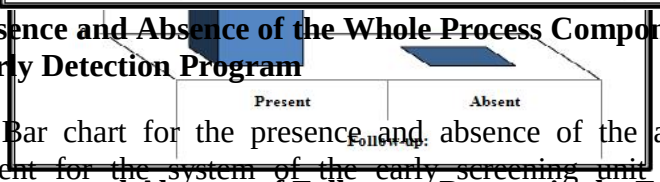

Figure 6: The Presence and Absence of Follow-up Process in the Early Detection Units for Breast Cancer

This figure: Bar chart for the presence and absence of the follow-up assessment for the system of the early screening unit for breast cancer.) represented graphically the present (success) and absent (shortage) of the applicable program due to the respondents consideration, and accounted for (100%) of the sample.

That mean; Present that the domains of registration in the Activities of the early detection program for breast cancer experienced Failure which is accounted for (30%) and the remaining domains experienced Pass.

DISCUSSION:

1. **Demographical Characteristics Variables:**

   This results has reported that the Breast Cancer Early Detection

clinical examination of the breast cancer have indicated that almost half of the steps have been experiencing failure in their implementation. Such steps include performing of the

of life of cancer patients through the systematic implementation of evidence-based interventions in prevention, early diagnosis, treatment, and palliative care. In the context of a national cancer control program (NCCP), cancer surveillance program (CSP), built around a population-based cancer registry, is an essential element. Data on the size and evolution of the cancer burden in the population are essential to evaluation of the current situation, to setting objectives for cancer control, and defining priorities. Cancer data are essential in monitoring the progress of the implementation of an NCCP, as well as providing an evaluation of the many individual cancer control activities. In the context of an NCCP, the CSP should provide a focus of epidemiological expertise, not only for providing statistical data on incidence, mortality, stage distribution, treatment patterns, and survival, but also for conducting studies into the important causes of cancer in the local situation, and for providing information about the prevalence of exposure to these factors in the population. Cancer surveillance via the population-based registry therefore plays a crucial role in formulating cancer control plans, as well as in monitoring their success [9]. The current media landscape is vast and includes traditional Media channels such as television, newspapers, magazines and radio, as well as new media conduits like blogs and social networks. Preparing for Media Outreach Developing a well-honed media strategy is essential to conducting successful outreach, as it helps determine who to reach, what they should know and how to best reach them [10]. Through the data analysis of the main domains for the breast cancer early detection program's process, the findings reveal that follow-up domain has presented the higher level of performance through out the program's implementation by virtue that all of its components are early implemented (Table 3; Figure 2, 3, 4, 5, 6, 7).

CONCLUSIONS:

After the discussion of the results complete we can conclude that:

1. The early detection program for breast cancer has experienced some limitations in its implementation that include the process which is concerned with registration by health personnel and the documentation.
2. The program overall assessment shows that the program has a capacity to achieve less than two third of its anticipated performance.

RECOMMENDATIONS:

Based on the early stated conclusion; we can recommend that:

1. Regular review of the program can assist to maintain its capacity in term of the process and outcome.
2. Special attention can be forwarded to the limitation of the program's performance.
3. Creation of new standards can benefit the evaluation of the program early detection.
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Journal of Kufa for Nursing Science Vol. (3) No.(2) 2013

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